

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 010823	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/09/2015
NAME OF PROVIDER OR SUPPLIER OAK GROVE CHRISTIAN RETIREMENT VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 221 W DIVISION ST DEMOTTE, IN 46310		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This survey was for the Investigation of Complaint IN00177774.</p> <p>This survey was in conjunction with the Post Survey Revisit (PSR) for a Recertification and State Licensure Survey and a PSR to a State Residential Licensure Survey completed on 7/14/15.</p> <p>Complaint IN00177774 - Substantiated. No deficiencies related to the allegation are cited.</p> <p>Survey date: September 9, 2015</p> <p>Facility number: 010823 Provider number: 010823 AIM number: N/A</p> <p>Census bed type: Residential: 29 Total: 29</p> <p>Sample: 6</p> <p>Oak Grove Christian Retirement Village was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00177774.</p> <p>Quality review completed by 26143, on September 13, 2015.</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE